



United States Department of Agriculture
Rural Development
COOPERATIVE STATISTICS, 20__

If address is incorrect,
please correct mailing label.

Is this address your headquarters?

YES NO

Your help is needed in developing and maintaining complete and accurate nationwide statistics on cooperatives for use in education, research, and decision-making. The data you provide will remain confidential as provided for by law. Your contribution to this effort is very important. A copy of our report will be sent to you. If you have any questions related to this survey of cooperatives or about cooperatives in general, contact Eldon Eversull at (202) 690-1415 or send e-mail to eldon.eversull@wdc.usda.gov.

1. What are the principal functions of your association (i.e., marketing, supply, service, etc.)?

(Please specify)

2. In what month did your cooperative end its fiscal or business year during 20__?..... MONTH

3. How many **producers** were members of your cooperative in fiscal 20__? (103)
(Include only producer-members entitled to vote for directors.).....NUMBER

4. Number of **full-time and part-time and/or seasonal employees** your cooperative operated with during fiscal 20__?
FULL-TIME? (101) PART-TIME AND/OR SEASONAL? (972)

(NOTE: If you attach a consolidated annual or audit report, fill in only information requested that is not included in the consolidated annual or audit report.)

5. Please provide the amounts for these balance sheet items for your business year that ended in 20__.
- a. CURRENT ASSETS?..... (114) \$
 - b. INVESTMENTS IN ALL OTHER CO-OPS *(Include CoBank.)*?..... (108) \$
 - c. PROPERTY, PLANT, AND EQUIPMENT(NET)?..... (115) \$
 - d. TOTAL ASSETS?..... (107) \$
 - e. CURRENT LIABILITIES?..... (116) \$
 - f. TOTAL LIABILITIES?..... (109) \$
 - g. ALLOCATED MEMBER EQUITIES?..... Office use only
 - h. UNALLOCATED MEMBER EQUITIES *(Retained Earnings)*?..... (118) \$
 - i. TOTAL NET WORTH (TOTAL EQUITY)?..... (110) \$
 - j. TOTAL LIABILITIES AND NET WORTH *(Equals Total Assets)*?..... Office use only

6. From your income statement, please provide the following for your business year that ended in 20__.
- a. TOTAL SALES (**Exclude** service receipts, other income, and patronage refunds.)?..... (124) \$
 - b. COST OF GOODS SOLD?..... (131) \$
 - c. GROSS MARGIN (*Total sales minus cost of goods sold*)?..... Office use only
 - d. SERVICE RECEIPTS AND OTHER OPERATING INCOME OR REVENUE (**Include** service revenues, storage and handling fees, etc.)?..... (106) \$
 - e. GROSS REVENUE (*Gross Margin plus Service Receipts and other Income*)?... Office use only
 - f. TOTAL WAGES AND BENEFITS EXPENSE (**Include** payroll taxes, group insurance, commissions, profit-sharing, and any other related benefits.)?..... (123) \$
 - g. DEPRECIATION EXPENSE?..... (120) \$
 - h. INTEREST EXPENSE?..... (121) \$
 - i. OTHER EXPENSES?..... Office use only
 - j. TOTAL EXPENSES (**Include** Operating and all Other Expenses)?..... (125) \$
 - k. NET MARGINS FROM OPERATIONS (*Local Savings*)?..... Office use only
 - l. TOTAL PATRONAGE REFUNDS AND DIVIDENDS RECEIVED FROM ALL OTHER COOPERATIVES (**Include** CoBank and all other cooperatives, less any equity write-offs.)?..... (113) \$
 - m. NONOPERATING INCOME (**Include** sale of assets, discontinued operations, non-cooperative investment income, extraordinary items and all other revenues or losses not already accounted for)?..... (136) \$
 - n. NET INCOME BEFORE TAXES?. (112) \$
 - o. INCOME TAXES?..... (135) \$
 - p. TOTAL NET INCOME (OR LOSS)?..... (122) \$

7. REPORTED BY: _____ TITLE _____ PHONE () _____ - _____

FAX () _____ - _____ DATE _____ E-MAIL ADDRESS _____

COOPERATIVE'S INTERNET HOME-PAGE ADDRESS _____

Please attach the enclosed return mailing label to your envelope and return this questionnaire along with a **copy of your 20 annual report** to:

USDA/RBS, STOP 3256, 1400 INDEPENDENCE AVE., SW, WASHINGTON, DC 20250-3256

(If you would like your annual or audit report returned to you, please let us know.)

THANK YOU!

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information especially if the form fails to display a valid OMB control number. The valid OMB control number for this information collection is 0570-0007. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. Your help is needed in developing and maintaining complete and accurate nationwide statistics on farmer, rancher, and aquacultural associations or cooperatives. The data you provide will remain confidential as provided for by law.